

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

Vol. VIII.

LOUISVILLE, DECEMBER 20, 1879.

No. 25.

B. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE STIGMATA OF MAIZE IN CYSTIC AND NEPHRITIC AFFECTIONS.

The stigmata of maize, or, in common parlance, corn-silk—those fairy-like locks of the immature "roas'n' ear," whose soft and lovely shining strands of gold and crimson and pink and white have so often charmed the eyes of the American country-child—are now declared to possess marvelous medicinal virtue. A Dr. Dufau, in *Le Courier Médical*, says:

The stigmata of maize have a very marked though not always a favorable action in all affections of the bladder, whether acute or chronic.

In acute traumatic cystitis, and also in gonorrheal cystitis, they have a very marked diuretic action, but at the same time increase the pain; hence they should not be employed in these cases.

The best results have been obtained in cases of uric or phosphatic gravel, or chronic cystitis, whether simple or consecutive to gravel, and of mucous or muco-purulent catarrh. All the symptoms of the disease—the vesical pains, the dysuria, the excretion of sand, the ammoniacal odor, etc.—rapidly disappear under the influence of the medicine.

The retention of urine dependent on these various affections often disappears as improvement progresses, but the use of the sound must sometimes be continued in order to empty the bladder completely.

The stigmata of maize have very often produced a cure after all the usual internal remedies had been tried in vain, or with only partial success. In other cases the ordinary methods of treatment, which had at first proved more or less entirely useless, became efficacious after the stigmata had been administered for a time, and had, as it were, broken the ground for them. Most frequently the stigmata alone sufficed for the cure, but still in some cases the effect was incomplete, and it was found that the treatment could

be varied with benefit. Infections and irrigations of the bladder also proved useful adjuncts to the maize.

As the stigmata of maize are a very powerful although at the same time entirely inoffensive diuretic, they have also been employed with the best results in cases of heart-disease, albuminuria, and other affections requiring diuretics. Cases have been reported in which the urinary secretions were tripled and even quintupled in the first twenty-four hours, and others where the exhibition of the drug was continued for two or three months without the slightest untoward effect.

The best preparations of the stigmata are the extract and a syrup made from it. The decoction is unreliable and uncertain. The syrup, the usual dose of which is two or three teaspoonfuls per diem, must be largely diluted, and for this purpose either hot or cold water or a decoction of the stigmata may be used. The taste of this mixture is very agreeable. It should be given fasting.*

We have looked in vain through the National Dispensatory, Dunglison's Dictionary, and all the materia medicas of our library for any notice of the stigmata of maize. The cornstalk-pith has been used as a dilator of the os uterus. We have heard of cornshuck tea and fodder tea as domestic diaphoretics or diuretics. The smut sometimes found on the tassels and ears of corn is said to possess all the properties of ergot of rye, and eating ergoted corn is supposed to be the cause of the Italian leprosy, called pellagra; but corn-silk as a nephritic and cystic medicine is something new to us. Next summer, when the corn grows, it will be well worth while to give the remedy a trial; and since the modern pathologists tell us that healthy human kidneys are excessively exceptional, there can be no difficulty in finding appropriate cases.

*Extracted from Southern Medical Record.

What a wonderful plant it is, our Indian corn! It is a true hermaphrodite, its tassel represents the male and its silk the female organs of generation. Its blades furnish a valuable fodder for our horses, its stalk-sap yields a fair molasses, its "roas'n' ears" are the most delicious thing man ever tasted, its ripe grain furnishes innumerable forms of delightful food and the best whisky the world has ever known. How marvelous it will be should its silk yield a potent cure for the diseased kidneys and bladders of mankind!

DR. WATERS, OF BOSTON.

Vote of Confidence in Dr. Geo. F. Waters, and Exoner-
ation from Blame in the Death of Mr. Gardner.

The Massachusetts Dental Society closed its fifteenth annual meeting yesterday forenoon. A large portion of the session was devoted to a consideration of the case of Dr. George F. Waters, of this city, whose connection with the death of George A. Gardner, in Brooklyn, some time ago, has been fully stated in these columns. The society, by a unanimous standing vote passed the following resolutions:

Whereas, Serious charges against Dr. George F. Waters, a member of the Massachusetts Dental Society, in connection with the death of Mr. George A. Gardner, of Brooklyn, have been published in the papers of the country;

Resolved, That from the published reports and our own investigation the Massachusetts Dental Society consider Dr. Waters entirely innocent of any unprofessional or injudicious conduct in this case, and that his treatment was wise, cautious, and safe.

Resolved, That the charge that Dr. Waters used arsenic in this case is entirely and wholly false. In such a case no man possessing the rudiments of a dental education would use arsenic.

Resolved, That the course of the New York Times in first publishing this sensational report without taking proper means to investigate the charges is an outrage upon truth and the rights of citizens, and that its subsequent conduct in not making correction and reparation as far as possible, was not fair and honorable; and as this charge has seriously affected the business of Dr. Waters, by unjustly undermining the public confidence in him, we consider that that paper is pecuniarily liable for damages.

Resolved, That we know Dr. Waters to be one of the best-informed and most intelligent investigators in the profession, and entirely worthy the fullest confidence of the community.—*Boston Daily Advertiser*.

Dr. Waters will be remembered as the discoverer of the bicarbonate-of-soda treatment for burns. He is an active, useful man in his profession. Lately he suffered much annoyance from the newspaper charge of poisoning a patient by using arsenic in a dental operation. The patient died of *can-
crum oris*. Had arsenic been used as alleged it could have done no harm. Every day this medicine is beneficially used in dentistry, surgery, and medicine, and, properly employed, it is a most useful and harmless remedy. There is more hysterical nonsense written about arsenic than about any other drug, at the present day, in connection with wall-paper, playing-cards, lamp-shades, dentistry, etc. Hebra has given arsenic to patients in Vienna for seven years consecutively without detriment; and Dr. Hunt, of London, gave five hundred gallons of Fowler's solution during ten years in dispensary practice without an accident; and persons in Austria eat arsenic during a long lifetime, in many cases without harm to health. It is less dangerous than alcohol or opium in habitual use. A poison it certainly is in improper doses, but it is by no means so terrible a substance as it is popularly esteemed to be.

In our correspondence columns will be found two communications on the subject of Gratuitous Services to Clergymen, which will repay perusal. We are, upon the whole, quite agreed with what is therein contained, and we trust that no well-regulated doctor will confuse courtesies and charities. The professions of medicine and divinity have such common ends that we think it the most natural of things that the clergy should be put upon the honorary lists of the doctors. If the matter has been abused—and we of course all know it has been abused—the doctors have been quite as much to blame as the clergy in the affair, in the undue anxiety shown to obtain such gratuitous practice. If the custom were abrogated we do not believe it would make any difference worth mentioning in the incomes of the profes-

sion. If there is one poorer class than the doctors it is the clergy, in spite of the occasional show of prosperity exhibited in its ranks. With the mass of them the question of bread and butter is a prominent one.

We wish our only grievance against the clergy was the gratuitous services accorded them. We have a far heavier charge than this to make against them, in that both by precept and example they strive to undermine the authority of medicine. The veriest quacks in all the world are to be found within the ranks of the ministry of the most highly-educated order. There is not a vile nostrum put before the public that does not have its "ecclesiastic preferment." This is the grievance we hold against the members of our sister profession, and which we distinctly charge on them as a class; and we are of the opinion that their action in this matter is as hurtful to the cause of religion as of medicine.

MR. CHRISTOPHER HEATH says, at the beginning of his present work upon Surgical Diagnosis, "The habit of note-taking is one which must be adopted early in life if it is to become easy and serviceable, and the briefest note made at the time of seeing a patient is infinitely more valuable than an elaborate record penned hours or days afterward." We wish that these words of one of the most exact and conscientious teachers of the time could find their way to the understanding of every follower of our art, whether he be young or old—to the one that he might acquire that habit and facility of which Mr. Heath has spoken, and to the other that he might repair in a measure the effects of his neglect. There is no doubt about it that the advance of medicine and surgery has from more than any other cause been checked by imaginative writers; not so much the distinctly dishonest ones, who record events which have not transpired, for these, we believe, are quite few—but those who think they record the truth, but which is faded by time, distorted by prejudice, and colored by theory—they are the ones

to whom medicine and surgery owe most of their inexactitude. The best of all correctives for this is certainly a view of the "brutal truth," which the prompt record would exhibit.

THE HYDROBROMATE OR BROMHYDRATE OF QUINIA.—This substance is a valuable remedy in the neuroses where the combined effect of an antiperiodic and antispasmodic are needed. Such is often the case in neuralgias, epilepsy, cough, skin-diseases, etc. of malarial origin. It is in such cases that the bromhydrate of quinia is indicated. A serious drawback to its employment is its lack of uniformity. This is sadly true of many of the new remedies. Almost any pharmacist will make bromhydrate of quinia, but few of them are competent to do so. Before prescribing this or any modern preparation one should inquire who made it, and should be sure of the maker's skill and integrity. The following formula, which appeared in the NEWS some time since, indorsed by the *Zeit. Allg. Oest. Apoth. Ver.* and the American Journal of Pharmacy, we are told by one of our best pharmacists, is utterly worthless. We republish it to warn our readers against it:

Quinia Hydrobromate. Quinia sulphate, one hundred grains; potassium bromide, twenty-eight grains. This product is equivalent to one hundred grains of quinia bromide.

The bromhydrate is given in the same doses as the sulphate. It is said to produce no ringing in the ears and no nervousness; but these statements are not entirely correct. It is an expensive preparation, but worthy of trial.

THE SLAUGHTER OF THE INNOCENTS.—Three hundred and forty-one thousand babies have died in England since 1847 from developmental diseases of children, and one hundred and forty-six thousand have died since 1863, and the mortality is upon the increase, says Dr. Routh, in his work upon Infant-feeding just published by Wm. Wood

& Co., of New York; and he further states that the population of France is actually on the decrease in consequence of the mortality in infant life.

A DELIGHTFUL WAY OF TAKING A CAPITAL GOOD MEDICINE.—Reed & Carnick's maltine, one tablespoonful; peach brandy, one teaspoonful or more; water, half a glass or more. This makes a jolly tippie, and is exceedingly useful as an appetizer, digestant, and tonic in appropriate cases.

Correspondence.

THE CLERGY AND THE DOCTORS.

The Other Side.

To the Editors of the Louisville Medical News:

You have given lately passages from your exchanges complaining of the ancient courtesy which makes the services of the physician to the clergyman gratuitous. In a purely business point of view there does seem to be a hardship in the case. But there are considerations to be taken into account which may help to explain or excuse the apparent anomaly.

It may seem hard and unjust that a physician of limited income, sometimes of no income, should, by his gratuitous service to the poor, give more to this class than the richest man in the community. It may be said, on purely business principles, that if a man can not pay for medical attendance on himself and family, let him do without it, and linger or die unhelped under the disease which may have invaded the household. There is another alternative more just as well as more humane, that the civil government, as representing the wealth as well as the persons of the whole community, make ready provision for the payment of all these bills. In point of fact, we know that neither of these alternatives has ever been the law of Christian communities, with some small exceptions. The doctor has cheerfully and manfully borne the main burden, under a consciousness that over and above its business character his profession and his art are sacred in their relations to humanity. And yet the faithful and generous discharge of the duties of this high relation is not without its secular reward. The early gratuitous

practice among the poor, like the residence of a graduate in the hospitals, is an almost indispensable part of his education for future usefulness and power. Again, the very poorest are visited and tended by neighbors a little better off and a little higher in the social scale than themselves. These see the skill, and learn to love the tenderness and assiduous care of the physician; and at the next opportunity choose him for their own. And so his circle of patients rises and expands until he is the admired and indispensable adviser of the wealthiest class.

The clergyman also belongs to a sacred profession. In every family the natural instinct of the heart places the doctor and the minister together, as the trusted and beloved, beyond all others, except the nearest blood-relations. As the one is the guardian of the body, so the other is the guardian and guide of the spiritual and moral nature; and so is an indispensable minister to the moral health of each man and of the community. Without this ministrations of the clergy, the higher intelligence, the freedom of spirit, the largeness of heart, the integrity and uprightness and purity that constitute a true civilization and tell upon the best secular interests of all classes, would be wanting, would be unattainable.

And yet the clergy, as a body, have ever been but a higher class of the poor. Their vocation, in proportion to the required intelligence and cultivation, is the least financially remunerative of any profession, business, or trade in social life. The nature of their calling and the force of public opinion cut them off from every avenue to competence and wealth except the single one of school-teaching. Even if they happen to have a little ready money, inherited or earned, they dare not supplement their income by lending it at the market price or try to increase it by speculating in stocks or bonds.

Even in the case of the more brilliant prizes in this profession—the charge of wealthy city churches—the salary, fluctuating with the times, hardly ever exceeds the expenditure demanded by the social position which the minister is expected to occupy. Whoever saw the imagined surplus of one of these incomes invested in a house and lot as a future home for the family, presently to be left destitute?

The consideration of these circumstances, and of this relation between them, has immemorially induced physicians, with high refinement and delicacy, to treat the clergy in their practice as they do their brethren

of the medical profession. The courteous rule saves the mortification in single cases of proffered alms given to exceptional poverty, and fosters a generous sympathy between the members of these two hard-working and health-preserving professions.

And yet, as in a case previously mentioned, the doctor is not without a secular reward for the disinterested service rendered to the clergy. Every clergyman occupies a position of influence which makes his selection of his physician a telling fact in the reputation of that physician for skill and capacity, and is of far more substantial value than any bill of charges for services rendered to a single family. *

The New York Medical Record makes these just observations on this subject:

It is true the clergyman is a man of influence in the community, and the young practitioner is generally glad to have it known that he has his confidence. But practice obtained in that way is generally not worth a great deal, especially if the unfortunate practitioner has the representatives of all the denominations of his village on his list. Even then it is quite likely that his distinguished patients may recommend some quack to his parishioners, especially if that individual has made a fortune and is a prominent pewholder in the church. We are sorry to say it, but the medical profession really owe very little to the clergymen. The good influence which might be exerted in behalf of legitimate medicine is thrown into another channel, and charlatany is indorsed not only in religious papers by widely-circulated certificates of remarkable cures, but even in the pulpit itself. Of course there are notable exceptions to this rule, but we are speaking of clergymen as a class. . . .

We are not talking of poor and really deserving clergymen; but of those who have as large or, as is very often the case, larger incomes than the physician who attends them. In such cases we are constrained to ask where is the return for services rendered? Pecuniarily speaking, does the doctor get an equivalent in the free services of the minister? . . .

"GRATUITOUS TREATMENT OF CLERGYMEN."

To the Editors of the Louisville Medical News:

In the NEWS of December 6th you give a brief extract from an article by Dr. Wood, in the Philadelphia Medical Times, on the above subject. Looking at it from my point of view, the whole effect of the article is to present the clerical profession in a false and humiliating light. If, as the writer says, it has long been etiquette among physicians to treat ministers without remuneration, it seems a most ungracious thing for him to intimate that they are willing to "accept much and give nothing." No minister asks for gratuitous treatment; and if the doctors decline

to present a bill when it is asked for, it rests with them to say why they decline to make a charge. If they give as a reason that their Hippocratic oath "requires them to listen to the plea of the sick poor," there are few who would not indignantly refuse to be made objects of charity.

The writer argues that "If the physician attends church—which it is hoped he does—he assists in paying his minister's salary. If he marries—and let us again hope he does—he pays his minister a fee which five times exceeds what he would ask for granting the clergyman a similar amount of time. In case of death in his family, he perhaps would hardly feel comfortable unless he sent his minister a fee for his services at the funeral."

Let us hope that a doctor has not the expense of a funeral *very* often in the course of his life. But when those sad occasions occur it would greatly surprise the average Protestant minister to have a fee tendered him for his services at the funeral. It will be news to most of them that such a thing is ever done. As for the wedding-fee, let us hope that the doctor never marries more than once (or at most *twice*) during his whole life. And if on that glad occasion he feels disposed to present a handsome gift to the man who has officially presented him with the most precious of earthly blessings—a good wife—it is a free and voluntary act; no minister asks it. If custom requires it the minister is not responsible for the custom. I speak for myself when I say that I have spent half a dollar in preparing carefully a marriage ceremony which a fee of five dollars (not an uncommon amount for that service) seemed rather poor pay—if considered a remuneration.

The writer forgets that a minister's time is quite as valuable as a doctor's. He forgets that when a doctor or any member of his family is ill the minister is expected to visit his house often and regularly—every day, perhaps twice a day; and so in all cases of sickness or bereavement in his congregation. While arranging to have the doctor paid for his visits why not make a rule that will work both ways, and let the minister be paid for those visits of his which are purely professional. There is no man who does such an amount of gratuitous work as a minister of the gospel; there are none who, in proportion to the value and arduousness of their labors, receive such inadequate pecuniary compensation. I had supposed that it was in recognition of the purely benevolent nature of their work that physicians gave their serv-

ices freely and cheerfully to clergymen. It seemed a handsome thing, a custom which reflected honor upon the medical profession. Perhaps it was a total misconception on my part. If so I would like to understand the matter. On behalf of my brethren I would ask, how do physicians themselves regard this gratuitous treatment of clergymen? Does this writer represent his profession? Does he indicate the reason which operates with them when he says, "If the minister is poor, his family large, and his salary small, who should be more ready than the large-hearted physician to give of his medical largess?"

There are some of us, humble as we are, who decidedly object to being put on the *pauper* list. We are all very meek, but we regard it as simply an insult to our manhood for any one to say that we "accept much and give nothing."

CLERGY.

IMPORTANT A B C's IN MEDICAL PRACTICE.

To the Editors of the Louisville Medical News:

Nothing is more common in the medical journalistic records of cases and practice than to confine the subject of the article to be laid before the medical mind to some bold achievement of the surgeon's knife or to what might justly be termed the *accidents* of the reporter's medical experience, or some wonderful deformity of nature, or a rare case that is not found in minute portrayal in medical text-books. Then come the noble band of heroes who invent specula or a new twist to a clinical thermometer, or an unpronounceable jumble of Greek and Latin nomenclature for a vaginal exploit. The *little things* of every-day practice—those infinite nothings (apparently) that form the mass of daily experience, but which, lying at the very foundation of both the life and healthfulness of the people whom we physic, but of the success or otherwise of the practitioner.

It is to one of these small, overlooked affairs, occurring daily in every physician's experience, that I propose to call attention.

How often it is that strong and healthful-looking young men ask advice of their physicians for something that he finds hard to explain, but is a source of trouble to him at the "pit" of his stomach" or around the umbilicus, or it may be in the right side or between his shoulders, or his heart palpitates or "feels queer," with an infinite variety of other more or less vague symptoms, that from the beginning we settle our minds

more and more as he progresses that he has dyspepsia, and soon we will be able to make a revelation to him in a few words, and cure him with a few doses of bismuth and pepsin. The case is plain. To make the case doubly sure we ask him if he eructates his food? No. If his food lies heavy upon his stomach or sours? No; everything "agrees" with him; in fact, has a splendid appetite, eats heartily (and turns his head away to blush for the amount he can devour), and works hard at farming or other robust labor. We are a little puzzled; but, after having made our mind up, we take a little salt with his enormous feeding and give our favorite prescription for dyspepsia. In a week he returns. We notice his ruddy complexion and herculean frame, and think, "What a rapid cure! No trouble to read his case, like rabbit-tracks. He has come to settle his little bill." Smilingly he is invited to take a seat, while we at the same time remark playfully, "It did not take many of those little powders to settle matters with you, and now you wish to return the favor by 'settling' with your doctor, eh?" What is our surprise and chagrin to see him put on a doleful face and voice, while he declares that "he is no better; in fact the 'chts' did him 'no good!'" The whole story is gone over, with dozens of additional minutiae, as if he had a very stupid way of putting the case, or a very stupid auditor. Now we unharness him (pardon this unclassicism), and pursue a long course of palpation. We thump and punch and explore the site of every organ known or suspected to exist. He is an athlete. His physical development would make a splendid study for a sculptor. To wind up all, nothing is found. *Our* study now begins in earnest. After he is dressed, and is evidently waiting for prescription or advice, it suddenly pops into our head to ask him *if he wears suspenders?* We had not noticed their presence or absence while he was undressing; we had quite another current of thought carry us away from this business. He looks a little confused at the irrelevancy of the interrogation, but answers that he had "never worn a pair since his mother quit making his toilet for him." At once you feel relieved, and say: "My good fellow, you want no physic. Stop this ruinous practice at once. It is the cause of your trouble. Go and get a pair at once, loosen your waistband, and never do so foolish a thing again." The next interview is a happy one for both parties. The young "giant is

loosened from his hands" literally, and a cheerful fee is paid.

No one but a country-doctor has probably much to see of this in the character it is here drawn, but those of us who have a hard-working rural practice find such cases of frequent occurrence, and generally in just such people as I have attempted to show. The farmers' boys and other hard-working folk, who early contract the vulgar habit of leaving off suspenders, and working hard, with sharpened appetites, loading their stomachs, giving no time for digestion after a meal, but with a tight cord around an additional half peck of homely food in a much-abused stomach, expect it to perform its functions thus hampered. They do not know the muscular evolutions it has to perform, and that a large part of the digestive process is by mechanical force. Indeed, as I have said, the doctor pays too little attention to these things, and, as the text has attempted to show, arrived at a diagnosis by accident almost. After the first case, however, he will never be caught again. His idea of indigestion at first was not a bad one; but instead of trying to supply chemical helps, he had only to cut the cords that bound the willing and capable organ, and the work is done. I have not intended to be understood as saying that continued ill dressing would not ultimately produce a ruined digestion, but at the time we take up the case the cause is entirely mechanical and the relief instantaneous and perfect.

PARVUM.

MIDWAY, KY., December, 1879.

Reviews.

Hydropathy; or, The Practical Use of Cold Water. By E. MARLETT BODDY, F. R. C. S., F. S. S., Licentiate of the Royal College of Physicians, Licentiate in Midwifery, etc. London: Baillière, Tindell & Cox, King William Street, Strand. Paris and Madrid. 1879.

The author of this essay, to whom we are indebted for our copy, is as enthusiastic about this useful fluid as Colonel Sellers was about his eye-water, which he recommended to be used "externally, internally, and eternally." Barring sudden death, which, although not, strictly speaking, a disease is a dreadful and fatal thing, Mr. E. Marlett Boddy seems to regard cold water as a universal remedy. In his opinion it is like the housewife's salve—"healin', soothin', cleansin', and drawin'." We would not suggest that Mr. Boddy has

water on the brain, for that would be too harsh a joke to get off at the expense of so honest an enthusiast as the author evidently is; but we do think that he has allowed water to run away with his judgment. The "delirium of operators" has its counterpart in the monomania of specialists. How often, for instance, do we find the oculist blind to sources or treatment of disease outside his pet organ, the aurist deaf to suggestions as to the possible non-local origin or cure of ear-troubles, as we have in the present case a hydropath raving about water! Water is not only no catholicon, but often does harm. Some one has said, to raise children, "wash them, iron them, and air them;" but many children are washed to death. Dry-skinned children should be washed little and greased often. Water-dressings to abrasions, wounds, ulcers, and skin-eruptions are, as a rule, far worse than no dressing. It is an irritant to the sound skin when constantly applied for some time, and to denuded surfaces it is irritant in most instances. As a diuretic too much can scarcely be said of water; as a laxative it often acts delightfully; as an antipyretic it is unequaled in power and safety; as a cure for neuroses, its applicability is widespread and its efficacy is beyond cavil; but as to its bearing a relation to the body equivalent to that which religion is believed to bear to the soul—that is going a little too far.

Mr. Boddy's brochure should be widely read in Europe, where a prejudice against the internal use of water in health and in disease is general; but in this country, where we drink water habitually, even in our whisky, his recommendations are less needed.

Infant-Feeding and its Influence on Life; or, The Causes and Prevention of Infant Mortality. By C. H. F. ROUTH, M. D., M. R. C. P. L., Fellow of University College, London; of the Medical, Medico-Chirurgical, and Obstetrical Societies; Corresponding Member of the Royal Academy of Madrid and Pesh, and the Gynecological Society of Boston; Senior Physician to Samaritan Hospital for Women and Children; etc. Third edition. New York: Wm. Wood & Co. 1879.

We heartily commend this most valuable work to our readers. Every physician should read it, and every mother in the land should study it. This is one of the series of Wood's Library of Standard Medical Authors. It is gotten up in an unpretentious but substantial form, and its inexpensiveness places it within the reach of all.

A Ministry of Health, and Other Addresses.

By BENJAMIN WARD RICHARDSON, M.D., F.R.S., M.A., LL.D., F.S.A., Fellow of the Royal College of Physicians and Honorary Physician to the Royal Literary Fund. New York: D. Appleton & Co. 1879.

This attractive volume is composed of a series of addresses on subjects relating to human health. It is written in the distinguished savant's peculiarly agreeable and instructive style, and can not fail of an immense sale in this great reading country of ours. To the library of the hygienist it will prove a valuable addition, and the cultivated of all avocations will read it with pleasure.

Its contents are: A Ministry of Health; William Harvey; A Homily Clerico-Medical; Learning and Health; Vitality, Individual and National; The World of Physic; Burial, Embalming, and Cremation; Registration of Disease; Ether-drinking and Extra-alcoholic Intoxication.

Transactions of the Twenty-ninth Anniversary Meeting of the Illinois State Medical Society. Held at Lincoln, May 20 and 21, 1879. Chicago: C. H. Blakely & Co., printers.

This volume of Transactions would do credit to any medical association in any country. The reports are scholarly and practical, and the publisher has done his part of the work in a manner worthy of the great Lake City.

Books and Pamphlets.

A CONTRIBUTION TO THE STUDY OF THE BULLOUS ERUPTION INDUCED BY THE INGESTION OF THE IODIDE OF POTASSIUM. By James N. Hyde, A. M., M. D., Professor of Dermatology and Venereal Diseases, Rush Medical College, Chicago. Read at the Third Annual Meeting of the American Dermatological Association, New York, August 26, 1879. Reprint from Archives of Dermatology, October, 1879.

Commenting upon this subject Dr. Hyde says:

Dr. Fox is of opinion that the eruption is one which originates in the sebaceous glands, and that the contents of the bullæ are altered secretions of the sebaceous glands. Investigation, chemical and microscopical, will of course be necessary to set at rest the problem which he thus presents; but the clinical reasons for dissenting from his opinion seem to me to be worthy of consideration. If the sebaceous glands were the seat of the disease it would be reasonable to look for its most abundant development in those localities where we are accustomed to find the sites of election of such other sebaceous gland-disorders as

milium, comedo, seborrhea, acne, etc. These sites of election, it need not be said, are the face, the scalp, the back of the neck, the back of the trunk, and the genital region. But it has been pointed out above that the pemphigoid rash under discussion, though occurring most often upon the head, has never been reported upon the scalp, and that the region of next preference is the upper extremity, especially over the wrists and forearms, localities which, as Bumstead shows, are exposed to the air, and which, it need not be said, are not regions where we are accustomed to find the sebaceous gland-disorders mentioned above. I desire also to call special attention to the fact that both by Dr. Duhring and myself the lesions were observed upon the palms of the hands, where Biesiadecki and others have never been able to demonstrate the presence of either sebaceous glands or lanugo follicles.

Two other clinical considerations should be here mentioned: one is the chronicity which usually characterizes sebaceous gland-disorders—such as acne, comedo, etc.—as opposed to the circumstance that the bullæ produced by the iodide of potassium have been seen within five hours after the administration of the drug; the other is the recorded occurrence of blood-contents in the lesions. The transformation of the secretion of a sebaceous gland into a thin odorless or offensively-smelling sero-pus can not be viewed as beyond the possibility of occurrence; but a sanguineous seborrhea could be regarded only as the symptom of a formidable constitutional dyscrasia. These and possibly other considerations which might be suggested lead me to the conclusion that for the present at least we are not justified in accepting without reserve the statements relative to the sebaceous origin of the rash which we have been studying.

The most valuable of the practical conclusions to which such a study leads would seem to be (a) that in eczema, where a distinctively vesicular or bullous eruption becomes suddenly apparent, the lesions intermingled with those characteristic of the disorder named, in the person of patients who have been under the charge of inexperienced practitioners, the possibility that the iodide of potassium has been previously administered should be carefully estimated; (b) that it is not only possible but quite probable that the rare vesicular and bullous lesions recorded as occurring in acquired syphilis may be rashes induced by the administration of the iodide of potassium for the relief of the disease.

WALSH'S PHYSICIAN'S COMBINED CALL-BOOK AND TABLET. Published by Ralph Walsh, M. D., 320 C Street, Washington, D. C. Mailed prepaid on receipt of \$1.50.

This book is of an inconvenient size; otherwise it is unobjectionable and is well worth its price.

A CLINICAL LECTURE ON TUBERCULAR LEPROSY. Delivered at the Dermatological and Venereal Clinic, Rush Medical College, September 28, 1879. By Jas. Nevins Hyde, M. D., Professor of Skin and Venereal Diseases, Rush Medical College. Reprint from the Chicago Medical Journal and Examiner, December, 1879.

Concerning etiology and contagion Dr. Hyde says: "The etiology of leprosy is absolutely unknown, and the differences between scientific observers as to contagion are

still unreconciled. My belief is that the disease is not contagious." And he scouts the idea that it has any natural connection with syphilis or scrofula. As to heredity he remarks that no leprous children are known to have been born to leprous parents on American soil, and that careful inquiries upon this point among the Scandinavian physicians, whom he knows as having experience of leprosy in the Northwest, confirm this statement; but he has known of several cases in which leprous American parents have had children who never presented traces of the parental disorders, and it seems to him the wisest course to pursue with regard to the question of heredity is that described by military men as an "armed neutrality."

That this disease, like syphilis and scrofula, is both hereditary and acquired we think there can be no doubt. That it is not transmitted by heredity in America is extremely interesting. The cause of this immunity is the superior character and quantity of food obtained in this bountiful country. In a late conversation with Mr. Jonathan Hutchinson in London he told us of a case of leprosy that has gotten well under his observation in that city. The lady had acquired it in India, and after many years it had left her, as the result, Mr. Hutchinson believes, of English air and food, medicine being in no way instrumental in its cure.

Chaulmoogra oil, the new leprosy remedy, Dr. Hyde is inclined to believe, may be a useful medicine in leprosy. We should have far more faith in maltine and malt and the other constructives than in any specific drug. In truth Dr. Hyde's observations and Mr. Hutchinson's case, we think, strongly point to this class of remedies in connection with proper food and air as the means of relief to be relied on.

THE PHYSICIAN'S DAILY POCKET-RECORD; comprising a Visiting-list, many useful Memoranda, Tables, etc. By S. W. Butler, M.D. Edited by D. Y. Brinton, M.D., Philadelphia. Published at the office of the Medical and Surgical Reporter, 115 South Seventh Street. 1880.

Except the awkward and cumbrous cover, this pocket-record is a very nice one.

The Louisville Medical News.

Back numbers of the LOUISVILLE MEDICAL NEWS, with several exceptions, can be supplied. The price is six cents per copy, postpaid. Persons wishing to complete their files of the NEWS would do well to order missing numbers early, as but few copies remain of several of the issues.

A limited number of bound volumes of the NEWS is in stock. These can be obtained at the following prices: The NEWS for 1876, Vols. I and II bound to-

gether, \$3.50; 1877, Vols. III and IV bound together, and 1878, Vols. V and VI bound together, each \$4.50, or the three years for \$11.00, postpaid.

The bound volumes of the NEWS contain each six hundred and fifty pages filled with much matter of permanent value.

Address the publishers,

JOHN P. MORTON & COMPANY,
Louisville.

Miscellany.

THE THERAPEUTICS OF SWEARING.—A writer in the Journal of Medical Science, April, 1878, says: "The value of swearing as a safety-valve to the feelings and substitute for aggressive muscular action, in accordance with the well-known law of the transmutation of forces, is not sufficiently dwelt upon. Thus the reflex effect of treading on a man's corn may either be an oath or a blow, seldom both together. The Scotch minister's man had mastered this little bit of brain-physiology when he whispered to his master, who was in great distress at things going wrong, "Wad na an aith relieve ye?" It is said that he who was the first to abuse his fellow-man, instead of knocking out his brains without a word, laid thereby the basis of civilization."—*Toledo Med. Jour.*

THE REVACCINATION OF SCHOOLBOYS.—We know so much of the prevalent carelessness of the public with regard to revaccination, and of the perfunctory and sham revaccinations that are performed by wholesale under the panic of smallpox, that we can not but entirely applaud a circular letter which has been issued by the principal of Ampleforth College, York, to the parents of his pupils. In this letter the principal, the Very Rev. T. S. Kearney, draws attention to the fact that to give perfect security against smallpox vaccination must be repeated at about the fourteenth year, at which age, of course, the majority of boys are at school or college.—*British Medical Journal.*

THE INSENSIBILITY OF THE HEART.—Dr. Da Costa mentions, in his "Harvey and His Discovery," the case of a young nobleman whose heart was exposed by a wound, so that Harvey and the king, who was a bit of a physiologist, were enabled to touch the ventricles without pain or injury to the patient.

DELICATE taste depends solely on physical construction; and a man who has it not in cookery must want it in literature.—*Bulwer.*

FLOATING KIDNEYS UNDER VOLUNTARY CONTROL.—Drs. Seguin and Mundé, of New York, report, in a late number of Archives of Medicine, the case of a woman who had two floating kidneys, movable at will. They exerted no influence on her health. They are attributed by the learned gentlemen to strong muscular contractions in hepatic colic, to which the patient was formerly subject. The case is extraordinary, but the well-known skill and worth of Drs. Seguin and Mundé place the diagnosis beyond cavil.

THE history of venereal diseases embraces four periods: The first period extends from the year 2600 B. C. to 900 A. D. The second period begins at 900 A. D. and terminates at 1400 A. D. The third period comprises the time between 1400 and 1700 A. D. The fourth period extends from 1700 A. D. till the present time.—*Ohio Med. Record.*

LONGEVITY.—An interesting publication upon human longevity, by the Austrian Director of Administrative Statistics, has lately appeared in Vienna, from which it appears that of 102,831 persons in the larger states who had passed ninety years of age, there were 60,303 women and 42,528 men. The greater longevity of the feminine sex appears still more distinctly in the proportions of centenarians. In Italy, for instance, there are 241 centenarian females to 141 males; in Austria, 229 females to 183 males; in Hungary, 526 females to 524 males, etc.—*Med. Press and Circular.*

"EVOLUTION."—Herbert Spencer made the following definition of evolution: "Evolution is a change from an indefinite, incoherent homogeneity to a definite, coherent heterogeneity, through continuous differentiations and integrations." The mathematician Kirkman translated the definition thus: "Evolution is a change from a no-howish, untalkaboutable, all-alikeness, to a somehowish, and in-general-talkaboutable not-at-all-alikeness, by continuous something elsefications and sticktogethurations."—*Boston Journal of Chemistry.*

A PUBLIC *concours* for the position of Lecturer on Gynecology in Rush College, Chicago, is to be held on the evening of January 6, 1880. Candidates will lecture before the faculty and class on subjects previously assigned them. Applications will be received by the secretary from any part of the county.—*Medical Record*

PROF. BALL'S CLINIQUE.—We are glad to find that Dr. Ball, who was chosen Professor of Mental Diseases in the Paris Medical Faculty some two years since, but who has never been able to deliver a lecture in consequence of no service having been assigned him at any of the hospitals, is now advertised to commence his course at the Sainte Anne Asylum on the 16th inst.—*Med. Times and Gazette.*

[We congratulate both Prof. Ball and the Paris Medical Faculty. Dr. Ball is of English parents; was born in Italy and educated in England. He is a charming man, of superior mind, great culture, and of the highest professional attainments.]

ANIMAL VACCINATION.—Mr. Ernest Hart, editor of the British Medical Journal, who advocates this method, says: "The credit of introducing animal vaccination into America belongs to Dr. Henry A. Martin, of Boston, in 1870, who sent specially to Paris for lymph from Prof. Depaul, and who was supplied with autograph directions from that distinguished savant."

Selections.

Difficult Labor from Distention of the Fetal Bladder.—Prof. Comelli, in the *Wiener Med. Week.*, relates the following case: A woman was admitted January 23d, suffering somewhat from dyspnea, in consequence of the enormous size which the abdomen had attained. A superficial examination showed that this arose from the great quantity of the amniotic fluid. The labor came on January 24th. The first pains lasted sixteen hours before the child's head had entered the pelvis in the second position, and on examination the uterus was found enormously distended. On the membranes being artificially ruptured about four liters of the liquor amnii were discharged, and the head passed down in the normal manner, followed by the shoulders to the outlet of the pelvis; but here neither strong pains nor the woman's efforts sufficed for the expulsion of the child. On examination it was found that the delay arose from the vagina being entirely occupied and enormously distended by the abdomen of the child. After repeated and violent traction the living child was at last extracted, a partial rupture of the perineum taking place during the procedure. The abdomen of the child was of an extraordinary size, and measured forty-eight centimeters in circumference, being about fourteen centimeters more than usual. The child was premature, but well developed, the immense distention of the abdomen being the only remarkable feature. At the umbilicus was an aperture three centimeters in diameter, through which two portions of intestine issued from the abdomen. The umbilical vein separated from the arteries, and the peristaltic contractions of the intestine were plainly visible. A few minutes after its birth

the child commenced passing water from an opening beneath the urethra. The urine was not discharged in a full stream, but continued to trickle away during six hours, the distention of the abdomen diminishing at the same time, so that seven hours after delivery the bladder was completely empty and the walls of the abdomen were relaxed and wrinkled. The child, although premature, seemed viable, and ten hours after its birth took the breast. It refused it on the second day, and died after forty-six hours' life. At the autopsy great hypertrophy of the bladder with dilatation of the ureters was found. The urethra was so narrow that it could be laid open only with the smallest scissors, the canal terminating in the aperture beneath the glans penis.—*Med. Times and Gaz.*

Pilocarpine in Intermittent Fever.—Dr. Gaspar Griswold, in the Medical Record, says: 1. That the muriate of pilocarpine administered hypodermically will promptly cut short the chill of malarial intermittent fever; 2. That in a large proportion of cases so treated the paroxysm aborts, terminating in the sweat caused by the pilocarpine, there being no hot stage; 3. That such abortion of a paroxysm is in itself sufficient to effect a cure in many cases; 4. That such abortion of a paroxysm is a valuable adjuvant to treatment with quinine during the intervals; 5. That a dose of pilocarpine sufficient to produce this effect acts gently without causing exhausting diaphoresis or unpleasant pyalism. The promptness with which an adequate dose of pilocarpine interrupts a chill is suggestive of its possible efficacy in cases of pernicious intermittent fever, where prevention of the full development of a paroxysm is often of the first importance.—*Medical News and Library.*

A Case of Carcinomatous Disease of the Rectum Treated by Excision.—William Cousins, aged fifty-four, was admitted into the Hull General Infirmary on December 21, 1878, on account of the following symptoms: He had constant calls to evacuate the bowel, with much straining and bloody discharge, getting quit occasionally of small, hard, round feces, which he compared to nuts. He had no real relief except in consequence of purgative medicines, which caused him great pain. He had of late had much pain in sitting and even in walking. His symptoms had been much increased in severity during the last six months, though they had existed more or less for a long period. Upon passing the finger into the bowel three hard tumors were felt occupying the whole circumference, about the size of small walnuts. They were quite within the anus, but the finger could be passed beyond them, and the surface of the rectum could be felt healthy above them. They were sensitive to the touch, and of preternatural hardness. Until the last six months the man had enjoyed very good health, attributing any ailment he had to slight attacks of piles. He had recently fallen off in health and strength, owing to the constant state of pain and straining of the bowel.

On January 11, 1879, I made an incision from the anus in the middle line straight backward toward the coccyx. This gave me ample room to pull down the growths and the adjacent mucous membrane. Grasping them in my left hand, I carefully removed them with the right, cutting away the whole circumference of the bowel from the depth of between an inch and a half and two inches. Three or four vessels required to be ligatured. The wound at first presented a rather formidable appearance, but no bad

symptom of any kind took place. The temperature never rose above 100°, and that only happened for two or three nights. He had immediate relief from all his sufferings, and left the infirmary on April 14, 1879, apparently perfectly cured, and with complete command of the sphincter muscle.—*Kelburne King, F.R.C.S., in British Med. Jour.*

Canadian Butter.—In a paper submitted to the Western Dairymen's Association at Ingersoll, Prof. Bell recommended Canadian farmers to turn their attention to the production of butter. He said he was "confident that an immense increase in the quantity of butter could be produced of a good uniform quality, and at such a price as would drive out from the English market the horrible 'oleo-margarine,' which is now consumed, in the belief that it is genuine butter, by large numbers of the poorer classes in England."—*Med. Times and Gaz.*

The Cold-water Pillow.—William Woodward, M. D., writes, in the British Medical Journal: "In several cases lately I have had recourse to the use of a cold-water pillow, with very marked benefit, where headache, heat of head, and similar symptoms have prevailed. Any one who has experienced the vain attempt to find any permanent cool place in a feather pillow when desired will at once appreciate the above expedient, which, however, may not occur to every one at the required time."

Corneal Transplantation.—Elsewhere we publish a short account of a case of corneal transplantation by Dr. Wolfe, of Glasgow. The subject is one of extreme interest and of much practical difficulty as well as of importance. This, we believe, is only the second successful case on record. At all events, the possibility of making such an operation a success constitutes a distinct and important advance in practical ophthalmic surgery.—*Med. Times and Gazette.*

Cancer of the Rectum.—Mr. John Gay showed at the Royal Medical and Chirurgical Society a specimen of cancer of the rectum taken from the patient whose case he had described at the last meeting of the previous session of the society. The woman recovered from the operation—in which a complete ring of the rectum was removed—so far that the bowel performed its functions normally; but she had since died of a return of the disease, which extended to the uterus. He did not recommend that such an operation as he had performed should be undertaken unless under very urgent circumstances; but the case showed how tolerant the system was of injury to the rectum.—*British Medical Journal.*

Polygonum Punctatum.—I wish to call the attention of physicians to the every-where-present *P. punctatum* (smart-weed). Its merits as a therapeutic agent are not, I think, appreciated in a manner any thing like adequate to its deservings. As an antiseptic in cholera infantum and all bowel disorders common to children, I think it indispensable.—*S. L. Babbitt, M.D., in Ohio Medical Recorder.*

Dr. Sinclair Coghill, in British Medical Journal, relates his experience with nitrite of amyl in chloral poisoning. He obtained immediate and satisfactory antidotal effects, and attributes the death of his patient to want of accessory stimulation per anum.—*Chicago Med. Gazette.*

Pruritus Ani.—In reply to the query of M. D., in the British Medical Journal, the following answers were received:

M. D. Cantab.: 1. Ablution with tepid water to be substituted for the use of paper after defecation; 2. A suppository of a quarter to half a grain of extract of belladonna to be used every night; 3. The bowels to be regulated with a mild laxative, such as the acid tartrate of potash, with confection of senna; 4. A mixture containing small doses of quinine with arsenic two or three times a day.

Mr. W. Prowse has found two remedies of the greatest use in the immediate relief and ultimate cure of this affection of the skin. The glycerinum acidi carbolici (P. B.) should be carefully applied at bedtime every night; and an ointment made of one dram of camolmel, half dram of camphor, and six and a half drams of vaseline every morning. Stimulants and tobacco-smoke are contra-indicated.

A Member says the best local application is a mixture of one dram carbolic acid in one or one and a half ounces olive oil, applied with the finger at bedtime, being careful to have the rectum empty, the laden condition of which seems to aggravate the annoyance. In pruritus pudendi, nitrate of silver (five grains to the ounce of distilled water) is a specific, applied with a sponge instead of giving way to rubbing, which only increases the local misery. The lithic-acid diathesis seems to be the cause in both cases, and attention should be directed by alkalies, etc. to correct this.

Mr. P. Miall strongly recommends the glycerine of tannic acid or the lotion made by precipitating compound tincture of benzoin with its bulk of water. But the best application is strong mercurial ointment applied somewhat sparingly at bedtime. One application is enough, for a time at least. In some cases he has found the following answer better: *R* Unguenti hydrargyri fortioris, 3j; chloroform, 3j; adipis benzoati, 3ij; acidi carbolici, gr. xv. This must be used every night, and causes a burning said to be rather pleasant. Oleate of mercury (twenty per cent) may be used instead of blue ointment. For constitutional treatment, he advises hot-air baths, mineral acids after meals, abstinence from pastry, sweets, and other unwholesome diet.

Dr. Oliver suggests the following lotion: Scheele's hydrocyanic acid, ℥ xxx; solution of morphia, 3j; best birdseye tobacco, 3j; waterto half a pint. "To be used night and morning, or when necessary."

Blood as a Stimulant and Food.—Dr. M. Czartoryski, in the Michigan Medical News, says: "I would call the attention to a most valuable therapeutic article in all cases where progressive consumption of bodily tissue, anemia, and nervous prostration are prominent symptoms. This is the fresh blood of healthy chickens or other poultry, drawn from the wound direct and well-mixed with warm wine or milk punch, or with warm lemonade, milk, or coffee, and flavored to taste, and taken immediately by patient before it becomes coagulated. It acts with the most surprising promptitude, relieving symptoms of extreme prostration; for instance, in cases of extreme floodings when the patient is completely exhausted and hope abandoned, I have seen it quickly restore warmth and circulation, and at the same time allay nervous and gastric irritation. The patient in this condition generally, about eight to twenty minutes after taking the dose, falls into a sound, healthy sleep. On awaking the dose is repeated,

taking the blood of one to three healthy chickens in the twenty-four hours, always in warm drinks, until the patient is restored to health. It acts better and more promptly than the transfusion of blood from vein to vein. Any one may satisfy himself of its prompt effect if tired and worn out by fatigue. Within three minutes after taking a dose a pleasant warmth and pleasurable sensation is felt, extending from the stomach over to the solar plexus, gradually pervading the whole system to end of the toes and to tips of fingers; at the same time the pulse quickens and bodily and mental fatigue disappear. The blood of poultry is in every respect preferable to that of cattle, sheep, etc., as it is much richer in red corpuscles and phosphates; and is more easily obtained, and the certainty of its coming from a healthy bird is greater; besides the patient avoids seeing the disgusting and terrible sights so often seen in slaughter-houses, or smelling their offensive odor, or running the dangers consequent to the killing of large, maddened, and frightened animals—sights, smells, and dangers that many patients would rather die than encounter." Dr. M. Czartoryski credits Avicenna with having urged and used this practice.

Treatment of Nevus with Sodium Ethylate. Dr. B. W. Richardson treated, in 1870, a small nevus upon the neck of a child two years old with sodium ethylate. This was cured by six applications of the fluid. Another, as large as a half dollar and quite prominent, was treated in the same manner. The applications gave very little pain. The nevus soon turned dark. In three days a firm, hard incrustation had formed, and a few days later this was dry enough to be lifted off. Sodium ethylate was again applied as at first, and so on till the nevus was removed and a natural surface left. The case is reported in the *Lancet*.

Stains or marks of any kind made with nitrate-of-silver solution or bath solution may be promptly removed from clothing by simply wetting the stain or mark with a solution of bichromate of mercury. The chemical result is the change of the black-looking nitrate of silver into chromate of silver, which is invisible on the cloth.—Med. Press and Circular.

The Intricacies of Bright's Disease.—Virchow says: "What is generally designated as Bright's disease is in fact to be reduced to three essentially different changes: 1. Changes of the vessels, the amyloid degeneration; 2. Interstitial proliferation; 3. Changes in the epithelium, parenchymatous form." And he adds, "These three forms can scarcely be distinctly separated, but are generally found to combine in the same case." Bamberger says when he intended to institute comparative investigations between healthy and diseased kidneys it took him weeks and even months before he met with a healthy kidney.

To Disinfect Urinals, etc.—Sprinkle in a mixture of manganate of soda and sulphate of magnesia. With water, these salts produce permanganate of soda, which decomposes when in contact with the impurities of the urinal, yielding nascent oxygen (ozone), which is a most powerful deodorizer and disinfectant—*Ohio Med. Record*.

Chloral Poisoning.—The *Lancet* mentions a case where two hundred and forty grains of chloral were swallowed in one dose, without fatal result.